

Wise & Well

November 2018

Be Informed about Your Health Benefits
Pompton Lakes School District



Special Open Enrollment Now through December 14

We are holding a Special Open Enrollment for our current health benefits plan year 2018/19 now through **December 14**. You now have the option to:

- Switch to a lower-contribution medical plan like the Horizon BCBSNJ OMNIA plan
- Remove or add eligible dependents
- Enroll yourself for new coverage if eligible
- Enroll for a benefits waiver

Switch to a lower-contribution medical plan

Consider a switch to a lower-premium medical plan now, like the **Horizon BCBSNJ OMNIA** plan, to lower your contribution amount. The OMNIA plan offers access to the full Horizon BCBSNJ Managed Care network, but you can save more when visiting certain providers. See the attached plan materials to decide if a switch works for you.

Remove or add eligible dependents

Open Enrollment is the time to enroll your eligible dependent if you failed to do so within the initial 31-day window (e.g., a child under age 26 or a new spouse). Likewise, you can disenroll, for instance, a child who has gained new health coverage or a spouse from whom you are now divorced. While you should notify the [Business Office](#) at the time when such events occur, you can do so now during Open Enrollment.



the time when such events occur, you can also do so now during Open Enrollment.

Enroll yourself for new coverage

If you are eligible for but not currently enrolled in our District health plans, you can join now.

Enroll for a benefits waiver

If you are not currently enrolled in the waiver option and have access to health benefits elsewhere (e.g., your spouse's employer

plan), you may be eligible to waive District benefits in return for cash payments. See the attached form or contact the [Business Office](#) for more information.

Next Steps

- ✓ Review the attached and visit *Benefits Online*, our health benefits website at the *Staff Portal*, for info on your plan options.
- ✓ Paperwork to change your plans or newly enroll in the waiver option is due to the [Business Office](#) by **December 14, 2018**.
- ✓ Any changes take effect **January 1, 2019**.
- ✓ **Note: no action is needed if you choose not to make any changes.**
- ✓ *Questions?* Contact the [Business Office](#).



INTEGRITY CONSULTING GROUP

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Horizon Blue Cross Blue Shield of New Jersey

What You Need to Know About OMNIASM Tier 1 and Tier 2



Your OMNIA Health Plan covers all medically necessary care and services provided or arranged by doctors and other health care professionals who are in the Horizon Managed Care Network, and all hospitals in the Horizon Hospital Network.

You will pay less out of your pocket when your care is delivered by OMNIA Tier 1-designated doctors, hospitals and other health care professionals. When you select a doctor, hospital or and other health care professional designated as OMNIA Tier 1, you can expect:

- A doctor who takes overall responsibility for your care.
- A team of health professionals, led and directed by your doctor, that closely monitors your health and responds to your specific needs.
- Wellness services and preventive care based on national guidelines, including wellness support and resources.
- Preventive services, screenings and immunizations that are fully covered when you receive them from your doctor or another in-network doctor.

How to find in-network health care professionals

Need to find an in-network doctor, hospital or other health care professional? Check the *Online Doctor & Hospital Finder* at HorizonBlue.com/doctorfinder.

To find OMNIA Tier 1-designated doctors:

- Select the type of health care professional you're looking for from the *What are you looking for?* dropdown list and select your OMNIA Health Plan from the *Choose a plan to start* dropdown list. You can refine your search by entering a ZIP code or other criteria.
- You can identify OMNIA Tier 1 doctors and specialists by looking for this icon: **OMNIA TIER 1**.

All other doctors will be listed as Tier 2. **TIER 2**

To find OMNIA Tier 1 specialists:

- Select a specialty from the *Specialty* dropdown list, or enter a specialty in the *Search* box, and select your OMNIA Health Plan from the *Choose a plan to start* dropdown list. Look for specialists with the OMNIA Tier 1 icon in the search results.

To find OMNIA Tier 1 hospitals:

- Select *Hospitals* from the *What are you looking for?* dropdown list, and select your OMNIA Health Plan from the *Choose a plan to start* dropdown list. Look for hospitals with the OMNIA Tier 1 icon in the search results.

Important reminders

You'll pay less for your care if you use OMNIA Tier 1 doctors, specialists and hospitals for your care.

Services provided by doctors, hospitals and other health care professionals that are not in the Horizon Managed Care Network or the Horizon Hospital Network are not covered. You'll be responsible for the total cost of any out-of-network services you receive (except in the case of an emergency).

Learn more about your OMNIA Health Plan at HorizonBlue.com/OMNIAeducation.

**POMPTON LAKES BOARD OF EDUCATION
APPLICATION AND RELEASE FOR WAIVER
OF HEALTH INSURANCE BENEFITS**

I, _____, hereby apply for a waiver of the Pompton Lakes Board of Education ("Board") insurance benefits as stated in the current collective bargaining agreement. As a material part of my application for waiver of health benefits, I certify that I, and to the extent relevant, my spouse and dependents, have health benefits under a health benefits program other than that provided by the Board and that I provided a copy of such alternative health benefits program to the Board Secretary. I further certify that I understand and agree that I am responsible for informing the Board Secretary of any changes in my circumstances regarding health benefits that would require me to re-enroll in the Board health benefits program. I further understand and agree that if I fail to inform the Board Secretary of any such change in circumstances, then the Board takes no responsibility whatsoever for any costs, expenses or other related problems associated with my failure to so inform. I understand and agree that if I have not been employed during the full school year (July 1 to June 30), or if I am on any leave of absence without medical benefits, any payment due to me under this waiver will be accordingly prorated. Payment to employee for the full school year _____ will be \$ _____.

I have been advised of the opportunity to participate in my Employer's Group Health Plan and hereby acknowledge that coverage will not be provided for me as outlined, because I

_____ waive coverage (see below)

Employee Coverage:

_____ All benefits

Dependent Coverage:

_____ spouse/civil union partner _____ All benefits
_____ spouse & child(ren)
_____ child(ren) only

Notarized Signature of Applicant: _____

Sworn to and Subscribed before me
This _____ day of _____.

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

COPY OF ALTERNATIVE HEALTH BENEFITS ATTACHED: _____ YES _____ NO

APPROVED _____ NOT APPROVED _____ REASON:

**Pompton Lakes Board of Education
Medical Plan Benefits Comparison**

	Horizon BCBSNJ Direct Access 15/25		Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	
	In-Network	Out-of-Network	In-Network Only	Tier 1	Tier 2
Referrals Needed	No	No	No	No	No
Deductible	None	\$100 Individual/ \$250 Family	None	None	\$1,500 Individual/ \$3,000 Family
Coinsurance	100% / 90%	70%	100%	100%	80%
Out-of-Pocket Maximum	\$400 Individual/ \$800 Family	\$2,000 Individual/ \$5,000 Family	\$2,500 Individual/ \$5,000 Family	\$2500 Individual/ \$5,000 Family	\$4,500 Individual/ \$9,000 Family
DOCTOR'S OFFICE VISITS					
Primary Office Copay	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$5 copay	100% after \$20 copay
Specialist Office Copay In-Network / Out-of-Network	100% after \$25 copay	70% after deductible	100% after \$40 copay	100% after \$15 copay	100% after \$30 copay
Maternity Visits	100% after \$25 copay; first visit only	70% after deductible	100% after \$40 copay; first visit only	100% after \$15 copay	100% after \$30 copay
PREVENTIVE CARE					
Routine Adult Physicals, GYN, PAP, Mammograms, Prostate/Colorectal Screening, Immunizations	100%	70% no deductible	100%	100%	100%
Well Child Exams	100%	70% no deductible	100%	100%	100%
Well Child Immunizations	100%	70% no deductible	100%	100%	100%
DIAGNOSTIC PROCEDURES					
Laboratory	100% in office/Labcorp/ outpatient facility	70% after deductible	100% in office/Labcorp/ outpatient facility	100% in office or LabCorp; 100% after \$15 copay in outpatient facility	100% in office or LabCorp; 80% after deductible in outpatient facility
Outpatient X-ray/ Radiology Services	100% in office/outpatient facility	70% after deductible	100% in office/outpatient facility	100% in office or LabCorp; 100% after \$15 copay in outpatient facility	100% in office or LabCorp; 80% after deductible in outpatient facility

**Pompton Lakes Board of Education
Medical Plan Benefits Comparison**

	Horizon BCBSNJ Direct Access 15/25		Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	
	In-Network	Out-of-Network	In-Network Only	Tier 1	Tier 2

HOSPITAL CARE

Inpatient Facility	100%	70% after deductible and \$200 copay	100% and \$250 copay (up to 5 days)	100% and \$150 copay per admission (n/a for maternity, mh/sa, hospice)	80% after deductible
Room and Board	100%	70% after deductible	100%	100%	80% after deductible
Pre-admission Testing	100%	70% after deductible	100%	100%	80% after deductible
Surgery in Hospital	100%	70% after deductible	100%	100%	80% after deductible
Inpatient Physician Services	100%	70% after deductible	100%	100%	80% after deductible

EMERGENCY CARE

Emergency Room	100% after \$75 copay		100% after \$100 copay	100% after \$100 facility copay (waived if admitted)	100% after \$100 facility copay (waived if admitted)
Ambulance	90%	70% after deductible	100%	100%	100%

OUTPATIENT SURGERY

Hospital Outpatient Surgery	100%	70% after deductible	100% after \$200 copay	\$150 copay	80% after deductible
Surgery in Ambulatory SurgiCenter	100%	70% after deductible	100% after \$100 copay	\$150 copay	80% after deductible

MENTAL HEALTH/SUBSTANCE ABUSE

Inpatient Mental Health/Substance Abuse/Alcohol Abuse	100%	70% after deductible and \$200 copay	100% after \$250 copay/day (up to 5 days)	100%	80% after deductible
Outpatient Mental Health/Substance Abuse/Alcohol Abuse	100% after \$25 copay	70% after deductible	100% after \$40 copay	100% after \$15 copay	80% after deductible

**Pompton Lakes Board of Education
Medical Plan Benefits Comparison**

	Horizon BCBSNJ Direct Access 15/25		Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	
	In-Network	Out-of-Network	In-Network Only	Tier 1	Tier 2
Diabetic Supplies	90%	70% after deductible	100%	100%	100%
Durable Medical Equipment	90%	70% after deductible	50%	100%	100%
Home Health Care	100%	70% after deductible	100%	100% after \$5 copay	100% after \$5 copay
Hospice Care	100%	70% after deductible	100%	100%	100%
Infertility	100% after office copay Limited to 4 egg retrievals per lifetime	70% after deductible	100% after office copay; limited to 4 egg retrievals per lifetime	100% after office/ outpatient facility copay Limited to 4 egg retrievals per lifetime	100% after office copay; 80% after deductible in outpatient facility
Orthotics & Prosthetics	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$5 copay	100% after \$20 copay
Private Duty Nursing	90%	70% after deductible	100%; limited to 30 visits (8-hour shifts)	100% Limited to 30 visits (8-hour shifts)	80% after deductible
Short-Term Therapy	100% after \$15 copay	70% after deductible	100% after \$20 copay; 30- visit maximum / therapy	100% after \$5 office/ outpatient facility copay Limited to 30 visits per therapy	100% after \$20 copay; 80% after deductible in outpatient facility
Skilled Nursing Facility/Extended Care Center	100% up to 120 days The overall max is 120 days combined	70% after deductible up to 60 days	100%; 100 day maximum	\$150 per admission Limited to 100 days	\$150 per admission
Therapeutic Manipulation	100% after \$25 copay 30 visit maximum	70% after deductible	100% after \$20 copay; 25 visit maximum	100% after \$15 copay 25 visit maximum	100% after \$30 copay
Vision - Routine Eye Exam	100% after \$25 copay	Not Covered	100% after \$40 copay	100% after \$15 copay	100% after \$30 copay
Vision Hardware	Not Covered		\$50 every 24 mos.	Not Covered	

NOTES:

This summary highlights the major features of the plans. This summary is not a contract; in the event of a discrepancy between this summary and the plan documents, the plan document language prevails. Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles, maximums and more, consult the plan documents.

Pompton Lakes Board of Education
Annual Health Plan Negotiated Employee Contribution Comparison
Single Coverage - July 2018 through June 2019

Follow *Steps 1-3* to figure your annual negotiated contribution amount

Step 1: Find your Salary Range; follow row to **Step 2**

[This is your negotiated contribution percentage]

Step 2: Identify the below medical plan contribution amount in your Salary Range that matches your chosen plan of benefits; add the prescription and dental contribution amounts.

The total is the expected annual contribution for your combined medical, prescription, and dental plans; go to **Step 3**

Salary Range		Annual Single Coverage Negotiated Contribution				
		Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	Benecard PBF Prescription	Delta Dental
less than 45,999	5.00%	\$512.42	\$454.61	\$371.53	\$149.20	\$32.80
46,000-50,999	8.00%	\$819.87	\$727.37	\$594.45	\$238.71	\$52.47
51,000-59,999	10.00%	\$1,024.84	\$909.22	\$743.06	\$298.39	\$65.59
60,000-64,999	13.00%	\$1,332.29	\$1,181.98	\$965.98	\$387.91	\$85.27
65,000-75,999	17.00%	\$1,742.22	\$1,545.67	\$1,263.21	\$507.27	\$111.51
76,000-83,999	22.00%	\$2,254.64	\$2,000.28	\$1,634.74	\$656.46	\$144.30
84,000-91,999	24.00%	\$2,459.61	\$2,182.12	\$1,783.35	\$716.14	\$157.42
92,000-109,999	26.00%	\$2,664.57	\$2,363.96	\$1,931.97	\$775.82	\$170.54
110,000 and over	28.00%	\$2,869.54	\$2,545.80	\$2,080.58	\$835.50	\$183.66
Monthly Single Premium		\$854.03	\$757.68	\$619.22	\$248.66	\$54.66

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

Pompton Lakes Board of Education
Annual Health Plan Negotiated Employee Contribution Comparison
Parent-Child Coverage - July 2018 through June 2019

Follow *Steps 1-3* to figure your annual negotiated contribution amount

Annual Parent-Child Coverage Negotiated Contribution

Step 1: Find your Salary Range; follow row to **Step 2**

[This is your negotiated contribution percentage]

Step 2: Identify the below medical plan contribution amount in your Salary Range that matches your chosen plan of benefits; add the prescription and dental contribution amounts

The total is the expected annual contribution for your combined medical, prescription, and dental plans; go to **Step 3**

Salary Range		Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	Benecard PBF Prescription	Delta Dental
less than 45,999	5.00%	\$871.10	\$772.84	\$631.60	\$281.93	\$64.54
46,000-50,999	8.00%	\$1,393.76	\$1,236.54	\$1,010.56	\$451.09	\$103.26
51,000-59,999	10.00%	\$1,742.20	\$1,545.67	\$1,263.20	\$563.87	\$129.07
60,000-64,999	13.00%	\$2,264.85	\$2,009.37	\$1,642.17	\$733.03	\$167.79
65,000-75,999	17.00%	\$2,961.73	\$2,627.64	\$2,147.45	\$958.58	\$219.42
76,000-83,999	22.00%	\$3,832.83	\$3,400.48	\$2,779.05	\$1,240.51	\$283.96
84,000-91,999	24.00%	\$4,181.27	\$3,709.61	\$3,031.69	\$1,353.28	\$309.77
92,000-109,999	26.00%	\$4,529.71	\$4,018.75	\$3,284.33	\$1,466.06	\$335.59
110,000 and over	28.00%	\$4,878.15	\$4,327.88	\$3,536.97	\$1,578.83	\$361.40
Monthly P-Child Premium		\$1,451.83	\$1,288.06	\$1,052.67	\$469.89	\$107.56

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

Pompton Lakes Board of Education
Annual Health Plan Negotiated Employee Contribution Comparison
Parent-Children Coverage - July 2018 through June 2019

Follow *Steps 1-3* to figure your annual negotiated contribution amount

Annual Parent-Children Coverage Negotiated Contribution

Step 1: Find your Salary Range; follow row to **Step 2**

[This is your negotiated contribution percentage]

Step 2: Identify the below medical plan contribution amount in your Salary Range that matches your chosen plan of benefits; add the prescription and dental contribution amounts

The total is the expected annual contribution for your combined medical, prescription, and dental plans; go to **Step 3**

Salary Range		Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	Benecard PBF Prescription	Delta Dental
less than 45,999	5.00%	\$871.10	\$772.84	\$631.60	\$360.56	\$64.54
46,000-50,999	8.00%	\$1,393.76	\$1,236.54	\$1,010.56	\$576.90	\$103.26
51,000-59,999	10.00%	\$1,742.20	\$1,545.67	\$1,263.20	\$721.13	\$129.07
60,000-64,999	13.00%	\$2,264.85	\$2,009.37	\$1,642.17	\$937.47	\$167.79
65,000-75,999	17.00%	\$2,961.73	\$2,627.64	\$2,147.45	\$1,225.92	\$219.42
76,000-83,999	22.00%	\$3,832.83	\$3,400.48	\$2,779.05	\$1,586.48	\$283.96
84,000-91,999	24.00%	\$4,181.27	\$3,709.61	\$3,031.69	\$1,730.71	\$309.77
92,000-109,999	26.00%	\$4,529.71	\$4,018.75	\$3,284.33	\$1,874.93	\$335.59
110,000 and over	28.00%	\$4,878.15	\$4,327.88	\$3,536.97	\$2,019.16	\$361.40
Monthly P-Children Premium		\$1,451.83	\$1,288.06	\$1,052.67	\$600.94	\$107.56

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

Pompton Lakes Board of Education
Annual Health Plan Negotiated Employee Contribution Comparison
2Adult Coverage - July 2018 through June 2019

Follow *Steps 1-3* to figure your annual negotiated contribution amount

Annual 2Adult Coverage Negotiated Contribution

Step 1: Find your Salary Range; follow row to **Step 2**

[This is your negotiated contribution percentage]

Step 2: Identify the below medical plan contribution amount in your Salary Range that matches your chosen plan of benefits; add the prescription and dental contribution amounts.

The total is the expected annual contribution for your combined medical, prescription, and dental plans; go to **Step 3**

Salary Range		Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	Benecard PBF Prescription	Delta Dental
less than 45,999	5.00%	\$1,024.82	\$909.22	\$743.06	\$356.86	\$61.59
46,000-50,999	8.00%	\$1,639.71	\$1,454.75	\$1,188.90	\$570.97	\$98.54
51,000-59,999	10.00%	\$2,049.64	\$1,818.43	\$1,486.13	\$713.71	\$123.18
60,000-64,999	13.00%	\$2,664.53	\$2,363.96	\$1,931.97	\$927.83	\$160.13
65,000-75,999	17.00%	\$3,484.38	\$3,091.33	\$2,526.42	\$1,213.31	\$209.41
76,000-83,999	22.00%	\$4,509.20	\$4,000.55	\$3,269.48	\$1,570.17	\$271.00
84,000-91,999	24.00%	\$4,919.13	\$4,364.24	\$3,566.71	\$1,712.91	\$295.63
92,000-109,999	26.00%	\$5,329.05	\$4,727.92	\$3,863.93	\$1,855.65	\$320.27
110,000 and over	28.00%	\$5,738.98	\$5,091.61	\$4,161.16	\$1,998.39	\$344.90
Monthly 2AD Premium		\$1,708.03	\$1,515.36	\$1,238.44	\$594.76	\$102.65

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

Pompton Lakes Board of Education
Annual Health Plan Negotiated Employee Contribution Comparison
Family Coverage - July 2018 through June 2019

Follow *Steps 1-3* to figure your annual negotiated contribution amount

Step 1: Find your Salary Range; follow row to **Step 2**

[This is your negotiated contribution percentage]

Step 2: Identify the below medical plan contribution amount in your Salary Range that matches your chosen plan of benefits; add the prescription and dental contribution amounts.

The total is the expected annual contribution for your combined medical, prescription, and dental plans; go to **Step 3**

Salary Range		Annual Family Coverage Negotiated Contribution				
		Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ EPO	Horizon BCBSNJ OMNIA	Benecard PBF Prescription	Delta Dental
less than 45,999	5.00%	\$1,383.51	\$1,227.44	\$1,003.13	\$360.56	\$100.94
46,000-50,999	8.00%	\$2,213.62	\$1,963.90	\$1,605.01	\$576.90	\$161.51
51,000-59,999	10.00%	\$2,767.02	\$2,454.88	\$2,006.27	\$721.13	\$201.89
60,000-64,999	13.00%	\$3,597.13	\$3,191.34	\$2,608.15	\$937.47	\$262.45
65,000-75,999	17.00%	\$4,703.93	\$4,173.29	\$3,410.66	\$1,225.92	\$343.21
76,000-83,999	22.00%	\$6,087.44	\$5,400.73	\$4,413.79	\$1,586.48	\$444.15
84,000-91,999	24.00%	\$6,640.85	\$5,891.70	\$4,815.04	\$1,730.71	\$484.53
92,000-109,999	26.00%	\$7,194.25	\$6,382.68	\$5,216.30	\$1,874.93	\$524.91
110,000 and over	28.00%	\$7,747.66	\$6,873.65	\$5,617.55	\$2,019.16	\$565.29
Monthly Family Premium		\$2,305.85	\$2,045.73	\$1,671.89	\$600.94	\$168.24

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.